

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

<b>I. (a) PLAINTIFFS</b>		<b>DEFENDANTS</b>										
<p><b>(b)</b> County of Residence of First Listed Plaintiff _____  <i>(EXCEPT IN U.S. PLAINTIFF CASES)</i></p>		<p>County of Residence of First Listed Defendant _____  <i>(IN U.S. PLAINTIFF CASES ONLY)</i></p>										
<p><b>(c)</b> Attorneys (<i>Firm Name, Address, and Telephone Number</i>)</p>		<p>Attorneys (<i>If Known</i>)</p>										
<b>II. BASIS OF JURISDICTION</b> ( <i>Place an "X" in One Box Only</i> )		<b>III. CITIZENSHIP OF PRINCIPAL PARTIES</b> ( <i>Place an "X" in One Box for Plaintiff and One Box for Defendant</i> )										
<input type="checkbox"/> 1 U.S. Government Plaintiff <input type="checkbox"/> 3 Federal Question ( <i>U.S. Government Not a Party</i> )		<table border="0" style="width: 100%;"> <tr> <td style="width: 33%;"><input type="checkbox"/> PTF Citizen of This State</td> <td style="width: 33%;"><input type="checkbox"/> DEF Incorporated or Principal Place of Business In This State</td> <td style="width: 33%;"><input type="checkbox"/> PTF <input type="checkbox"/> 4</td> </tr> <tr> <td><input type="checkbox"/> 2 U.S. Government Defendant</td> <td><input type="checkbox"/> 4 Diversity (<i>Indicate Citizenship of Parties in Item III</i>)</td> <td><input type="checkbox"/> DEF <input type="checkbox"/> 4</td> </tr> </table>		<input type="checkbox"/> PTF Citizen of This State	<input type="checkbox"/> DEF Incorporated or Principal Place of Business In This State	<input type="checkbox"/> PTF <input type="checkbox"/> 4	<input type="checkbox"/> 2 U.S. Government Defendant	<input type="checkbox"/> 4 Diversity ( <i>Indicate Citizenship of Parties in Item III</i> )	<input type="checkbox"/> DEF <input type="checkbox"/> 4			
<input type="checkbox"/> PTF Citizen of This State	<input type="checkbox"/> DEF Incorporated or Principal Place of Business In This State	<input type="checkbox"/> PTF <input type="checkbox"/> 4										
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<b>IV. NATURE OF SUIT</b> ( <i>Place an "X" in One Box Only</i> )												
<a href="#">Click here for: Nature of Suit Code Descriptions.</a>												
<b>CONTRACT</b>		<b>TORTS</b>										
<input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excludes Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholders' Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability <input type="checkbox"/> 196 Franchise		<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <b>PERSONAL INJURY</b> <input type="checkbox"/> 310 Airplane  <input type="checkbox"/> 315 Airplane Product Liability  <input type="checkbox"/> 320 Assault, Libel &amp; Slander  <input type="checkbox"/> 330 Federal Employers' Liability  <input type="checkbox"/> 340 Marine  <input type="checkbox"/> 345 Marine Product Liability                 </td> <td style="width: 50%; vertical-align: top;"> <b>PERSONAL INJURY</b> <input type="checkbox"/> 365 Personal Injury - Product Liability  <input type="checkbox"/> 367 Health Care/ Pharmaceutical Personal Injury Product Liability  <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability                 </td> </tr> <tr> <td colspan="2"> <b>PERSONAL PROPERTY</b> <input type="checkbox"/> 350 Motor Vehicle  <input type="checkbox"/> 355 Motor Vehicle Product Liability  <input type="checkbox"/> 360 Other Personal Injury  <input type="checkbox"/> 362 Personal Injury - Medical Malpractice                 </td> </tr> </table>		<b>PERSONAL INJURY</b> <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability	<b>PERSONAL INJURY</b> <input type="checkbox"/> 365 Personal Injury - Product Liability <input type="checkbox"/> 367 Health Care/ Pharmaceutical Personal Injury Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability	<b>PERSONAL PROPERTY</b> <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury <input type="checkbox"/> 362 Personal Injury - Medical Malpractice						
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<b>REAL PROPERTY</b>		<b>CIVIL RIGHTS</b>										
<input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Ejectment <input type="checkbox"/> 240 Torts to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property		<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <b>Habeas Corpus:</b>  <input type="checkbox"/> 440 Other Civil Rights  <input type="checkbox"/> 441 Voting  <input type="checkbox"/> 442 Employment  <input type="checkbox"/> 443 Housing/ Accommodations  <input type="checkbox"/> 445 Amer. w/Disabilities - Employment  <input type="checkbox"/> 446 Amer. w/Disabilities - Other  <input type="checkbox"/> 448 Education                 </td> <td style="width: 50%; vertical-align: top;"> <b>Other:</b>  <input type="checkbox"/> 463 Alien Detainee  <input type="checkbox"/> 510 Motions to Vacate Sentence  <input type="checkbox"/> 530 General  <input type="checkbox"/> 535 Death Penalty  <input type="checkbox"/> 540 Mandamus &amp; Other  <input type="checkbox"/> 550 Civil Rights  <input type="checkbox"/> 555 Prison Condition  <input type="checkbox"/> 560 Civil Detainee - Conditions of Confinement                 </td> </tr> </table>		<b>Habeas Corpus:</b> <input type="checkbox"/> 440 Other Civil Rights <input type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/ Accommodations <input type="checkbox"/> 445 Amer. w/Disabilities - Employment <input type="checkbox"/> 446 Amer. w/Disabilities - Other <input type="checkbox"/> 448 Education	<b>Other:</b> <input type="checkbox"/> 463 Alien Detainee <input type="checkbox"/> 510 Motions to Vacate Sentence <input type="checkbox"/> 530 General <input type="checkbox"/> 535 Death Penalty <input type="checkbox"/> 540 Mandamus & Other <input type="checkbox"/> 550 Civil Rights <input type="checkbox"/> 555 Prison Condition <input type="checkbox"/> 560 Civil Detainee - Conditions of Confinement							
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<b>V. ORIGIN</b> ( <i>Place an "X" in One Box Only</i> )												
<input type="checkbox"/> 1 Original Proceeding		<input type="checkbox"/> 2 Removed from State Court										
<input type="checkbox"/> 3 Remanded from Appellate Court		<input type="checkbox"/> 4 Reinstated or Reopened										
		<input type="checkbox"/> 5 Transferred from Another District ( <i>specify</i> )										
		<input type="checkbox"/> 6 Multidistrict Litigation - Transfer										
		<input type="checkbox"/> 8 Multidistrict Litigation - Direct File										
Cite the U.S. Civil Statute under which you are filing ( <i>Do not cite jurisdictional statutes unless diversity</i> ):												
<b>VI. CAUSE OF ACTION</b> <small>Brief description of cause:</small>												
<b>VII. REQUESTED IN COMPLAINT:</b>		<input type="checkbox"/> CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P.										
		<b>DEMAND \$</b>										
		<small>CHECK YES only if demanded in complaint:  <b>JURY DEMAND:</b>      <input type="checkbox"/> Yes      <input type="checkbox"/> No</small>										
<b>VIII. RELATED CASE(S) IF ANY</b> <small>(See instructions):</small>		<small>JUDGE _____ DOCKET NUMBER _____</small>										
DATE		SIGNATURE OF ATTORNEY OF RECORD										
<b>FOR OFFICE USE ONLY</b>												
RECEIPT #	AMOUNT	APPLYING IFP	JUDGE									
MAG. JUDGE												